

Accident/Incident Report Sheet
School of Chemistry and Biochemistry
Georgia Institute of Technology

Date of Report:

Date of accident/incident:

Time of accident/incident:

Location of accident/incident:

Accident victim (if any):

Victim contact information:

Names and contact information of others involved/nearby (if any):

Person 1:

Person: 2

Person 3:

Description of accident/incident (use additional sheet if needed):

Extent of accident/incident:

Describe damage to equipment:

Suggestions/actions taken to prevent a repeat accident:

Treatment undertaken (if any):

Signature of accident victim:

Signature of Research Supervisor/Advisor:

Send copies to:

1. Chair, Chemistry Safety Committee (pamela.pollet@chemistry.gatech.edu)
2. Chair, School of Chemistry and Biochemistry (mgfinn@gatech.edu)